



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Director

REQUEST FOR EXAMINATION

To request examination, please complete the information requested below and return this form with a fully completed Verification of Trainee Practicum Form and your signed training log by mail to the Board at the above address. Please note that trainees must have completed a minimum seven hundred fifty (750) hours in the practice of dealing in and fitting of hearing aids during a period of not fewer than six (6) months nor more than eighteen (18) months.

Applicant Information (please print)

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:		Fax Number:
E-mail Address:		

Make the appropriate selection(s) below.

☐ Written Examination

Once your hours have been reviewed and approved, you will receive additional information and registration instructions from the International Hearing Society.

☐ Practical Examination

☐ In addition to the form and log requested above, I have also submitted an examination fee of \$50.00. Please make checks/money orders payable to IHS.

Once your payment has been received and your hours have been reviewed and approved, you will receive an examination admission notice confirming the date and time of your examination.



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OFFICE PHONE: (207)624-8626

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637